

South Central Behavioral Health Region Mental Health and Disability Services

**Annual Service and
Budget Plan FY 2018**

Serving Appanoose, Davis, Mahaska and Wapello Counties



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ANNUAL SERVICE AND BUDGET PLAN FOR FY 17/18

Geographical Area: Serving the Counties of Appanoose, Davis, Mahaska and Wapello counties. The South Central Behavioral Health Region (hereafter referred to as SCBHR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SCBHR Management Plan comprised three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual. The Annual Service and Budget Plan includes the services to be provided and the cost of those services, local access points, Targeted Case Management agencies, a plan for ensuring effective crisis prevention and a description of the scope of services, projection of need and cost to meet the need, and provider reimbursement provisions.

The Annual Service and Budget Plan has been approved by the SCBHR Governing Board on March 16th, 2017 and is subject to approval by the Director of Human Services. The SCBHR Management Plan is available in each local SCBHR MHDS office, www.scbhr.org and on the Iowa Department of Human Services Website at <http://dhs.iowa.gov/mhds>.

ACCESS POINTS

SCBHR shall designate access points. An access point is a part of the service system or community that shall be trained to complete the MHDS funding applications for persons with a disability and forward them to the local SCBHR Office.

Access Point	Address	Phone number
Appanoose County Community Service Office	209 E Jackson Street, Centerville Iowa 52537	1-641-856-2085
Community Health Center of Southern Iowa-Appanoose	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Centerville Community Betterment	1111 N. Haynes Ave, Centerville, Iowa 52544	1-641-437-1051
Davis County Community Service Office	712 S. West, Bloomfield Iowa 52537	1-641-664-1993
Davis County Hospital E.R	509 N Madison Street, Bloomfield Iowa 52537	1-641-664-2145
Mahaska County Community Services	301 1 st Avenue E., Oskaloosa, IA 52577	1-641-672-2625
Mahaska Health Partnership	1229 C Avenue East, Oskaloosa, IA 52577	1-641-672-3100
Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	1-641-437-4111
Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	1-641-682-7511
Paula Gordy-LLC	208 S. Madison Street, Bloomfield, Iowa 52537	1-641-664-2490
Paula Gordy-LLC	501 North 12 th , Centerville Iowa	1-641-856-2437
Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	1-641-682-8772
Wapello County Community Service Office	102 E. Main, Ottumwa Iowa 52501	1-641-683-4576

TARGETED CASE MANAGEMENT (IAC 441-25.21(1)g)

SCBHR, Chief Executive Officer has evaluated interested agencies and made a recommendation to the SCBHR Governing Board, who designated a Target Case Management agency to offer services to individuals enrolled in the Medicaid Program.

SCBHR shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. SCBHR shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the SCBHR must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441.

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service

- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g which may include the use of electronic record keeping and remote or internet based training

SCBHR has identified and designated the following providers for case management in SCBHR:

- Southeast Iowa Case Management
207 E. 2nd, Suite 3
Ottumwa, Iowa 52501
641-684-6399
- Mahaska County Case Management
301 1st Avenue E., Oskaloosa, IA 52577
641-672- 2625

Crisis Planning

Emergency Services

Current basic crisis response provisions, including 24 hour access to crisis response and evaluation, is provided through Community Mental Health Centers and providers listed below.

AREA	Location	Address	Phone number
Appanoose	Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	641-437-4111
Appanoose	Centerville Community Betterment	1111 n. Hayes, Centerville, Iowa 52544	1-641-437-1051
Appanoose	Community Health Center of Southern Iowa	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Davis	Davis County Hospital E.R	509 N. Madison Street, Bloomfield Iowa 52537	641-664-2145
Mahaska	Mahaska Health Partnership	1229 C Avenue East, Oskaloosa, IA 52577	641-672-3159
Wapello	Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	641-682-8772
Wapello	Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	641-682-7511

Current Crisis Services

In October of 2013 the Region began taking steps to provide a continuum of care for citizens with mental health issues in crisis that will:

- Identify the level of service necessary to alleviate patient symptoms.
- Provide a new level of care besides inpatient or outpatient counseling –
- Provide immediate treatment to prevent the progression of symptoms.
- Provide services at a local level through use of a continuum of care as much as possible.
- Educate the community on mental health issues.

- f) Develop a holistic system using current services that can provide a continuum of care that can be emulated by other rural settings.
- g) Provide pre and post statistical information that will measure the cost effectiveness of this approach to services.

SCBHR has invested in Peer Drop In/Recovery Centers to facilitate community integration and prevent social isolation which can exacerbate individuals mental health struggles.

Through the Stakeholders, SCBHR has engaged providers in trainings related to Co-occurring diagnosis, trauma informed care, collective impact strategy, and Non-violent Crisis Prevention Intervention. Please refer to document for specific detail regarding trainings and continued plans for training within SCBHR.

Providers within SCBHR of clinical/medical/therapeutic services have contract for emergency and urgent care appointments in order to facilitate prompt access to service as the situation dictates.

SCBHR coordinators continue to facilitate necessary linkages to community based service array i.e. Integrated Health Home, Community Mental Health Centers, etc. to insure supports.

SCBHR continues to encourage Mental Health Agencies to facilitate Crisis Care Coordination. A component of this Crisis Care Coordination is to follow up with individuals that have utilized the crisis, urgent, emergency and or on call system when in crisis to ensure that they have knowledge and resources available to them to maintain their well-being.

Wapello County Community Services continues to work alongside of the Clerk of Court and Magistrate Judges to process and notarize all Court Committals. This allows for SCBHR Community Services office to become the point of access for all filings and decreasing the amount of time spent in applicants waiting at the courthouse for consult. 7/1/2016 to 6/30/2017 Wapello County Community Services Office prescreened 75 Mental Health Court Committals of those 17 was consult only 3 were dismissed and 55 were filed.

SCBHR continues to provide Emergency Pre-Screening of mentally ill individuals in all four counties. The SCBHR developed, in collaboration with Mercy Medical Center – Centerville, Iowa and Davis County Hospital, Bloomfield, Iowa, and Mahaska Health Partnership, contracts that enabled local licensed mental health treatment providers to complete an assessment to help the ER personnel assess and diagnose mentally ill patients for appropriateness for inpatient treatment. If the evaluation process identifies a lower level of treatment the On Call therapist makes appropriate contacts/referrals to services locally that are immediately available to patients. Looking ahead SCBHR will be discussing a contract with ITP to provide tele psychiatric services in the E. R at the Davis County Hospital; this alongside of Southern Iowa Mental Health establishing services that will support with referrals from the treating contracted provider in the Davis County E. R.

Oak Place continues to operate a five bed 24/7 stabilization home. This home has served as a diversion service to mental health inpatient hospitalization. This level of service gives mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified. k SCBHR secures two hours weekly through a Community Mental Health Center of Southern Iowa to allow for transparency of services within the community.

SCBHR continues to fund an Immediate SCL service as a continuum service as clients are working on their discharge planning out of Oak Place. Often time providers are unable to open a referral within the necessary time that will allow for the client to have immediate SCL services. This immediate SCL allows for a direct worker to fill in the gap of service time; in hopes that the client has a hand over hand transition into a long term SCL provider.

SCBHR continues to establish on going contracting relationships with Ottumwa Regional Health Center; in FY 2016 ORHC opened a 15 bed general population psychiatric hospital. SCBHR is currently working on contracting language that will allow for a financial partnership for payment of clients under MH 229. SCBHR and ORHC has meet on several occasions with judges and law enforcement to being conversations on the court committal process and the services that we as a partnership can build to provide pre commitment options.

Scope of Services and Budget for FY 18

The FY 18 budget was developed at the local level with input and collaboration with stakeholders to assess need. As the funder of non-Medicaid services, SCBHR is the funder of last resort. SCBHR recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

SCBHR shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. SCBHR shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Access standards in IAC 441-25.3(331) have been considered in the formation of the budget and the projection of need is based on those standards. It is felt that access standards will be met based on the number of providers, their locations, historical data, and input from stakeholders.

23 HOUR CRISIS OBSERVATION & HOLDING-

In FY 2017, SCBHR continued the discussion with stakeholders regarding the need for a 23 Hour Crisis Observation and Holding Center. 2015 Mahaska Health Partnership along with SCBHR CEO, met to discuss the development of a 23 hour Crisis Observation Unit. Unfortunately, no movement has been made with Mahaska Health Partnership and the Region will be looking at RFP the service to providers throughout the region FY 2018.

CRISIS HOTLINE/WARM LINE-

In FY 2017, SCBHR was looking at RFP to contract directly with a provider that is licensed to provide the Crisis Hotline/Warm line. After much discussion with local Community Mental Health Providers it was discussed that this was not a service at current that could be developed. SCBHR moving forward will have a signed contract with Foundation 2 to provide the Crisis Hotline.

Unfortunately, Foundation 2 cannot offer a warm line, as the CEO of SCBHR is unable to locate a provider to accommodate and or contract for the service of a warm line.

CRISIS PREVENTION TRAINING-

In FY 17, SCBHR sent four officer to San Antonio to participate in the Crisis Prevention Training of officers. SCBHR continues to be actively involved with Johnson County and will be sending another deputy to a four

day Crisis Intervention Training being offered in Johnson County. SCBHR is committed to training officers in this region and will continue to capitalize on all opportunities for Crisis Intervention Training in FY 2018.

24 ACCESS TO CRISIS RESPONSE-THRU TELEPSYCH (DAVIS COUNTY)-

At current, Davis County Hospital has access to the SCBHR on call therapist to request for prescreening after hours and on the weekends. The CEO from SCBHR, in collaboration with the Davis County Hospital, along with stakeholders of the community, identified that there is a lack of providers to address mental health and substance abuse needs within the community. SCBHR representatives, began meeting in FY 2015/16, with stakeholders, providers, and hospital staff to identify the gaps in mental health and substance abuse services. In FY 17, SCBHR will continue to work alongside of the stakeholders and others to begin building capacity to outpatient services in the Davis County Community, either by providing tele-psych services or exploring other provider options to provide outpatient services in a clinical setting. As stated above SCBHR continues to be in the midst of working with ITP to contract for tele-psychiatric services in the Davis County E.R

CORE EVIDENCE BASED TREATMENT-

SCBHR continues to address EBP to include Supported Employment and Supported Housing. FY 2015/16, SCBHR contracted with Resources of Human Development (RHD) to provide training in three separate components to providers who were interested in implementing the evidence based practice (EBP) for Supportive Housing. SCBHR will continue to support the EBP of Supportive Housing through dollars aligned for provider competency in FY 18.

In FY 2017, SCBHR contracted with APSE to provide training to Vocational Providers within the SCBHR to align to the EBP of Supported Employment. SCBHR hired a consulting firm Trascen; through that contractual relationship the Employment First Committee has identified a business model that will allow the region to move forward in a unified Employment First Business Practice. Alongside of Trascen; the region was also awarded technical assistance through a grant that Vocational Rehabilitation awarded to the region; as a pilot project. FY 2018 the region will continue to move forward in the Evidence Based practice of Supported Employment.

SCBHR in FY 2017 was able to work with Community Mental Health Providers to develop a Co-Occurring Outpatient Program. This Out-patient Program will support the Evidence Based Practice of Integrated Treatment for Co-Occurring Disorders. The Interactive Journaling curriculum been certified by SAMHSA and will support the outcomes that the Evidence Based Practice upholds.

SCBHR met with CROSS region along with RHD to discuss Assertive Community Treatment Teams. Collaboration and working across regions to share the cost of expensive and intensive services is important. Going forward in FY 2018, the region will be looking a developing/contracting for an ACT team that can help in the assistance of mental health clients that could benefit from this service.

MOBLIE CRISIS TEAMS

SCBHR in FY 2017 began conversations with the local mental health centers supporting crisis mobile response. Consultation with Foundation 2; will allowed for a training opportunity to the region for the development of this service. SCBHR will form a stakeholder group to begin discussion within the region of the initial development and implementation of this service. This collaboration will take time and the Region will begin working with Stakeholders in it development in FY 2018

Service Matrix

FY 2018 Budget

FY 2018 Budget	<u>South Central Behavioral Health</u> MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total	State or Other Funding Sources to be Used to Meet Service Need
Core Domains								
COA	Treatment							
43301	Assessment & evaluation	\$ 15,000		\$1,000	\$1,000		\$17,000	Med/Ins
42305	Mental health outpatient therapy	\$ 15,000					\$15,000	Med/Ins
42306	Medication prescribing & management	\$ -					0	Med/Ins
71319	Mental health inpatient therapy-MHI	\$ 300,000					\$300,000	Med/Ins
73319	Mental health inpatient therapy	\$ 16,500					\$16,500	Med/Ins
	Basic Crisis Response							
32322	Personal emergency response system	\$ 1,500	\$ 250	\$250	\$250		\$2,250	Med/Ins
44301	Crisis evaluation	\$ 150,000					\$150,000	Med/Ins
44305	24 hour access to crisis response	\$ 10,000					\$10,000	Med/Ins
	Support for Community Living							Medicaid
32320	Home health aide	\$ 250	\$ 65	\$ 65	\$ 65		\$445	Medicaid
32325	Respite	\$ 2,500	\$ 450	\$450	\$450		\$3,850	Medicaid
32328	Home & vehicle modifications	\$ 1,000	\$ 200	\$400	\$200		\$1,800	Medicaid
32329	Supported community living	\$ 300,000	\$5,000	\$5,000	\$8,500		\$318,500	Medicaid
	Support for Employment							Medicaid
50362	Prevocational services	\$ 20,000	\$5,000	\$2,500	\$2,500		\$30,000	Medicaid
50367	Day habilitation	\$ 10,000	\$750	\$750	\$750		\$12,250	Medicaid
50364	Job development	\$ 10,000	\$750	\$750	\$750		\$12,250	Medicaid
50368	Supported employment	\$ 10,000	\$4,000	\$1,000	\$1,000		\$16,000	Medicaid

50369	Group Supported employment-enclave	\$ 2,500	\$ 450	\$450	\$350		\$3,750	Medicaid
	Recovery Services							
45323	Family support	\$ 25,000					\$25,000	
45366	Peer support	\$ 25,000					\$25,000	Medicaid
	Service Coordination							
21375	Case management	\$ -					0	Medicaid
24376	Health homes	\$ 2,500	\$ 500	\$450	\$450		\$3,900	Medicaid
	Core Evidenced Based Treatment							
04422	Education & Training Services - provider competency	\$ 50,000 -					50,000	
32396	Supported housing	\$ 200,000					\$200,000	
42398	Assertive community treatment (ACT)	\$ -					0	Medicaid
45373	Family psychoeducation	\$ 5,000					\$5,000	
	Core Domains Total	\$1,171,750.00	\$17,415.00	\$13,065.00	\$16,265.00		\$1,218,495	

Mandated Services								
46319	Oakdale	18,000					\$18,000	
72319	State resource centers	0					0	
74XXX	Commitment related (except 301)	144,900					\$144,900	
75XXX	Mental health advocate	80,000					\$80,000	
	Mandated Services Total	\$242,900.00	\$ -	\$ -	\$ -		\$242,900.00	
Additional Core Domains								
	Comprehensive Facility & Community Based Crisis Services							
44346	24 hour crisis line	\$ 40,000					\$40,000	
44366	Warm line	\$ 15,000					\$15,000	
44307	Mobile response	\$ -					0	
44302	23 hour crisis observation & holding	\$ 1,000,000					\$1,000,000	
44312	Crisis Stabilization community-based services	\$ -					0	
44313	Crisis Stabilization residential services	\$ 400,000					\$400,000	
	Sub-Acute Services							
63309	Subacute services-1-5 beds	\$ -					0	
64309	Subacute services-6 and over beds	\$ -					0	
	Justice system-involved services							
46305	Mental						\$200,000	

	health services in jails	\$200,000						
25xxx	Coordination services	\$ 81,425					\$81,425	
46422	Crisis prevention training	\$ 20,000					\$20,000	
46425	Mental health court related costs	\$ -					0	
74301	Civil commitment prescreening evaluation	\$ -					0	
46399	Justice system-involved services-other	\$ -					0	
	Additional Core Evidenced based treatment							
42397	Psychiatric rehabilitation (IPR)	\$ 2,500					\$2,500	Medicaid
42366	Peer self-help drop-in centers	\$ 120,000					\$120,000	
	Additional Core Domains Total	\$1,878,925	\$ -	\$ -	\$ -		\$1,878,925	
Other Informational Services								
03XXX	Information & referral						0	
04XXX	Consultation (except 422)	\$ 158,817					\$158,817	
05XXX	Public education	\$ 89,067					\$89,067	
	Other Informational Services Total	\$ 247,884	\$ -	\$ -	\$ -		\$247,884	
Other Community Living Support Services								
06399	Academic						0	

	services							
22XXX	Services management	\$ 247,844	\$4,632	\$4,632	\$4,632		\$261,740	
23376	Crisis care coordination	\$ 2,500	\$ 500	\$ 450	\$ 450		\$3,900	Medicaid
23399	Crisis care coordination other						0	Medicaid
24399	Health home other						0	Medicaid
31XXX	Transportation	\$ 15,000	\$ 400	\$ 400	\$ 400		\$16,200	Medicaid
32321	Chore services	\$ -					0	Medicaid
32326	Guardian/co nserver	\$ -					0	
32327	Representati ve payee	\$ -					0	
32399	Other support	\$ 25,000					\$25,000	
32335	CDAC				\$5,000		\$5,000	Medicaid
33330	Mobile meals	\$ -					0	Medicaid
33340	Rent payments (time limited)	\$ -					0	
33345	Ongoing rent subsidy	\$ 95,000					\$95,000	
33399	Other basic needs	\$ 18,500					\$18,500	
41305	Physiological outpatient treatment	\$ 1,000					\$1,000	Medicaid
41306	Prescription meds	\$ 100,000					\$100,000	Medicaid
41307	In-home nursing	\$ -					0	Medicaid
41308	Health supplies	\$ 200					\$200	Medicaid
41399	Other physiological treatment	\$ -					0	Medicaid
42309	Partial hospitalization	\$ -					0	Medicaid
42310	Transitional living program	\$ 100,000					\$100,000	
42363	Day treatment	\$ -					0	Medicaid
42396	Community support programs	\$ -					0	
42399	Other	\$ -					0	Medicaid

	psychotherapeutic treatment							
43399	Other non-crisis evaluation	\$ -					0	Medicaid
44304	Emergency care	\$ 63,000					\$63,000	Medicaid
44399	Other crisis services	\$ -					0	
45399	Other family & peer support	\$ -					0	
50361	Vocational skills training	\$ -					0	
50365	Supported education	\$ -					0	
50399	Other vocational & day services	\$ -					0	
63XXX	RCF 1-5 beds	\$ -					0	Medicaid
63XXX	ICF 1-5 beds	\$ -					0	Medicaid
63329	SCL 1-5 beds	\$ -					0	Medicaid
63399	Other 1-5 beds	\$ -					0	Medicaid
	Other Comm Living Support Services Total	\$ 668,044	\$5,532	\$5,482	\$10,482		\$689,540	
Other Congregate Services								
50360	Work services (work activity/sheltered work)	\$ -					0	
64XXX	RCF 6 and over beds	\$ 150,000					\$150,000	Medicaid
64XXX	ICF 6 and over beds	\$ -					0	Medicaid
64329	SCL 6 and over beds	\$ -					0	Medicaid
64399	Other 6 and over beds	\$ -					0	Medicaid
	Other Congregate Services Total	\$ 150,000	\$ -	\$ -	\$ -		\$150,000	
Administration								
11XXX	Direct Administratio					\$481,082	\$481,082	

	n							
12XXX	Purchased Administratio n					500	500	
	Administrati on Total					\$481,582	\$481,582	
	Regional Totals	\$4,359,503	\$22,947	\$18,547	\$26,747	\$481,582	\$4,909,326	
(45XX- XXX)County Provided Case Management							0	
(46XX- XXX)County Provided Services							0	
	Regional Grand Total						\$4,909,326	

** Please note that all core services are provided by the region regardless if dollars are encumbered in the COA code.

SOUTH CENTRAL BEHAVIORALHEALTH MHDS Region		
Projected Fund Balance as of 6/30/17		3,784,753.00
Local/Regional Funds		2,757,825
Property Tax Levied		
Client Fees	0	
State Funds		\$ -
MHDS Equalization	0	
State Payment Program	0	
Federal Funds		\$ -
Social services block grant	0	
Medicaid	0	
Total Revenues		\$ 6,542,578

Total Funds Available for FY18	6,542,578
FY17 Projected Regional Expenditures	\$ 4,909,326
Projected Accrual Fund Balance as of 6/30/18	2,213,191

County	2015 Est. Pop.	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Appanoose	12,529	438,515	438,515	35.00
Davis	8,769	306,915	306,915	35.00
Mahaska	22,324	781,340	781,340	35.00
Wapello	35,173	1,231,055	1,231,055	35.00
Region	78,795	2,757,825	2,757,825	140

Financial Forecasting

The SCHBR, will work with stakeholders to enhance the system with the development of the following programs which were identified as needs during the Community Input meetings. These service/training enhancements have been budgeted for the FY 2018, knowing that not all areas identified will be completed in their entirety within FY 2018. This budget is a projected budget and will continue to be assessed and evaluated with a Strategic Plan over the next 1-3 years. Within the Community Services Programming SCBHR will itemize dollars below to attribute to the cost if needed. The region will use the fund balance for the services identified in the Financial Forecasting.

Service	Estimated Costs associated with expansion
Crisis Intervention Training	\$20,000.00
Crisis Residential Services	\$400,000
23 Hour Crisis Observation and Holding	\$1,000,000
Develop EBP: Assertive Community Treatment, Permanent Support Housing, Supportive Employment	\$210,000
Peer Drop in Center	\$120,000
Person Centered Training (regional staff & providers)	\$ 50,000
Twenty Four Hour Crisis Hotline	\$40,000
Total cost for Expansion of Services	\$1,840,000

Provider Reimbursement Provisions

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

SCBHR staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by SCBHR unless there is a statutory obligation. Fiscal year for SCBHR is July 1 – June 30.

It is the intent of SCBHR that only SCBHR staff shall authorize services for residents of the SCBHR region. Due to that, it is the policy of SCBHR that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, SCBHR may not assume retroactive payment. When written notification is received by SCBHR of the error, SCBHR staff shall authorize services according to the policies and procedures set forth in this manual.

SCBHR will contract with MH/DS providers whose base of operation is in the region. SCBHR may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

SCBHR uses a mix of fee-for-service, and capitated case rates for most of its services. It provides block grants only for specific population based activities where billing by individual served is impossible or impracticable.

SCBHR intends to with the help of Department of Human Services, incorporate all sources of funding including medical assistance program funding, Integrated Health Home, etc, so a person can receive a whole person approach.

SCBHR service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however SCBHR makes serious efforts to stimulate access to more natural supports in its service provider network. Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. SCBHR has identified access points within the provider network to assist individuals or their representatives to apply for services.

SCBHR has identified the following providers currently contracting with the region. Additional providers may be added throughout the year as services are developed to meet the continuum of service needs of individuals. Nontraditional providers may be used.

Agency	Oakplace
Caremark	Ottumwa Regional Health Center
Comfort Keepers	RHD
Centerville Community Betterment	Paula Gordy
Christian Opportunity Center	Psychological Services of Ottumwa
Community Health Center of Southern Iowa	Southeast Iowa Case Management
Crest	Southern Iowa Mental Health Center
Davis County Hospital	Sandy Heller
Dee Dee Chance	Tenco
First Resources	Life Long Links
Insight	Great Rivers
ITP	SIEDA
Mahaska County Case Management	MHI
Mahaska Health Partnership	Woodward Resource Center
Mercy Medical Center in Centerville	
Monica Shelton	
Optimae	